

**Mental Health Overnight Advisory Council (MHOAC)**  
**Shodair Children's Hospital**  
**Date: May 20, 2014**

**Council Members Present:** Christine Bates, Andrea Lower, Donna Zook, Esther Kramer, Sydney Blair, Bill Hodges, Dorothy McCartney, Melinda Mason, Lenore Myers, Senator Roger Webb, Rebecca de Camera, Andy Hunthausen, Glenda Oldenburg

**Guests:** Mike Batista, Connie Winner, Drew Schoening, Matt Kuntz, Geoff Birnbaum, Erin McGowan, Lora Cowee and Amy, Zoe Barnard

**AMDD Staff:** Marlene Disburg-Ross, Kenny Bell, Deb Matteucci

The meeting was called to order at 9:15 a.m. by Chairwoman Christine Bates

**Review Previous Business:** Motion to review/approve March 25, 2014 minutes with no corrections. Motion passed by Hodges/McCartney

**Dept. of Public Health & Human Services,** Richard H. Opper, Director

- Welcome and opening comments along with the announcement that Sheila Lopach will be the dedicated contact for DPHHS Councils. Wendy Nicolai has taken another position within the Department.
- Legislative agenda and executive planning committee will meet. Public comments will be accepted in late May. A follow-up meeting will be in November with the governor's budget presented at that time.
- Public comments are much needed and welcomed before budget is done.
- The continuum of care is all interconnected in every community. The Department's goal is to provide the best care at the right time. Many community services are needed throughout the state.
- Recognition of Senator Roger Webb devoting time and energy to mental health issues in Montana.
- The State hospital is considerably overbooked and studies are moving forward to identify the communities most needy. The Department recognizes the need for more forensic services statewide; many options are being considered. The goal is to take care of individuals' needs before the needs become acute.

**Corrections and Justice Systems,** Mike Batista, Director of the Department of Corrections and Connie Winner, Health Administrator Clinical Services

- Balance has to occur between safety and mental health challenges. Mental health issues are a priority. The challenge is recruitment of mental health licensed specialists and correction officers in state. Criminality must be addressed along with drug abuse and safety.
- Women's health care services are going well; especially due to smaller numbers, new staff and programs.

- There are five secure women's facilities; seventeen utilized prerelease centers and sanction centers in MT. Handout on Women's Prison Treatment and Re-Entry Services Overview by Joan Daly and Dawn DeVor on file.
- One (1) psychiatrist to 150 patients is standard for correctional system.

#### **Connie Winner:**

- All correction facilities have 9 M budget, 9 M outside budget and 97 employees for the state.
- There are 11 FTE in women's facilities that are professionals, 72 FTE for men's prisons and 430 inmates seen by mental health staff.
- Re-accreditation is happening this month. The staff at the state hospital and prisons is very committed to inmates and to each other.
- All new employees receive mental health training with suicide awareness training on a regular basis.
- Ms. Winner has tried to have a very well-rounded team for best mental health services. She is talking to all parties to provide the best care.
- Ms. Winner is looking to get reimbursement from Medicare and the Mental Health Department for help with the budget.

#### **Drew Schoening, Montana State Hospital:**

- Pre-trial diversion from correctional sentences and placements can help people with mental illness if there are "mental health courts" and community placements/resources.
- The census at the state hospital is high and we are working to reduce it. If trends continue, the hospital census will be increasingly compromised of forensically committed individuals, which will reduce the availability of beds for civil commitments.
- Community placements for individuals on forensic commitments are very limited (stigma, felony history). We need more options for transitioning these individuals back into community-based placements and programs.
- Institutional (DPHHS, DOC) and community-based programs are constantly challenged with recruiting and retaining qualified staff.

#### **Legislative Update - Senator Roger Webb:**

Senator Roger Webb highlighted discussion at Children and Families Legislative Interim meeting on May 9<sup>th</sup>.

#### **LC 334, youth crisis diversion pilot project funding**

#### **HJR 16 - Study the State-Operated Facilities Outcomes:**

- LC 337, to appropriate \$345,000 a year for five additional crisis and transition technicians to work with intellectually disabled people in a mental health crisis who are in danger of losing their community placement (discussed as LCCF04)

- LC 338, to appropriate \$2 million in the next biennium for grants to counties for new mental health crisis intervention or jail diversion activities, also known as the HB 130 grants (LCCF05)
- LC 339, to appropriate \$600,000 a year to pay for additional secure detention beds, such as those at the West House and Hope House (LCCF06)
- LC 347, to appropriate \$1 million in the next biennium to pay for short-term, voluntary treatment of up to 14 days for people who are involved in a civil commitment proceeding (LCCF07)
- LC 341, to appropriate \$3 million to the Department of Corrections in the next biennium to contract for a forensic prerelease center (LCCF10)
- Amend LCCF11 (which would be LC 342), to appropriate \$3 million to the Department of Public Health and Human Services in the next biennium for the department to operate a forensic group home that serves individuals who are either guilty but mentally ill or not guilty but mentally ill.

#### SJR 20 Study on Prescription Drug Abuse Outcomes:

- LC 335, to allow health care providers to share certain information with law enforcement and be immune from suit (LCCF02)
- LC 335, to allow electronic prescribing of controlled substances prescriptions (LCCF03)
- LC 340, to increase the fee for the prescription drug registry from \$15 to a maximum of \$30 and to extend the sunset date from 2015 to 2017 (LCCF08)

The committee's Web site ([www.leg.mt.gov/cfhhs](http://www.leg.mt.gov/cfhhs)) also has been updated to reflect the action taken.

#### Advocacy Subcommittee Discussion:

- Senator Webb requested consideration for a letter of support for forensic beds or a general recommendation from MHOAC to the Department of Public Health then onto legislature.
- Consider researching other countries model to reduce prison stays for the mentally ill.
- Important to educate the public and judicial system on forensic systems in relation to mental health issues and need for more services (including beds)
- City of Bozeman does a good job of collaborating across systems.
- Workforce issues related to forensic services may need to be reemphasized with the Council.
- MCI request for letter of support for current crisis pilot projects. Council would like more longitudinal data.

#### Public Comments:

**Kathy McGowan**, spoke for Sheriffs, County Attorney and Mental Health Services:

- Sheriffs advocating for more crisis services/resources.

- HB ‘130’ legislation passed as result of strong coalition of law enforcement, county attorneys, providers and advocates.

**Beth Brenneman, Disability Rights Montana.** (Problems with Current Mental Health System - Full Document on File)

**Montana Children’s Initiative;** Geoff Birnbaum, Youth Homes-Missoula; Erin McGowan, Montana Children’s Initiative; Lora Cowee, Intermountain-Helena and Ashley from Missoula. (Community Concern: Emotional Disturbance and Crisis in the Lives of many Youth - Full Document on File)

**John Wilkerson** offered public comment as a family member. John feels his work experience should have prepared him for son’s mental problems. They are trying to help his son when no system exists; son currently inpatient at state hospital. There is no Medicaid help with son’s condition. NAMI was a great help with a patient plan; although the plan was denied because the parole board and mental health services didn’t agree on his son’s evaluation and were not able to collaborate. John noted a change must be made in MT to correct the lack of coordination and gaps in services. New crisis facilities are great; however, we need to do more for prevention because assisted out-patient care is also very essential. John advised that there are no mental health professionals on the parole boards and he felt that the parole board should not be deciding patient care outcomes.

**Adjourn at 3:30.**

**Next Meeting Date: TBD**